



# CHAIN OF CUSTODY

REPORT TO:				INVOICE TO:			
COMPANY:				COMPANY: <b>Same</b>			
ADDRESS:				ADDRESS:			
CITY:		STATE:		CITY:		STATE:	
PHONE:		FAX:		PHONE:		FAX:	
ATTN:				ATTN:			
COMMENTS:				LAB PROJECT #: _____ CLIENT PROJECT #: _____ TURNAROUND TIME: (WORKING DAYS) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> <b>STD</b> <input type="checkbox"/> <b>OTHER</b>			
PROJECT NAME/SITE NAME:				Quotation # _____			

REQUESTED ANALYSIS													
DATE	TIME	C O M P O S I T E	G R A B	SAMPLE LOCATION/FIELD ID	M A T R I X	C O N T A I N E R						REMARKS	PARADIGM LAB SAMPLE NUMBER
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

**\*\*LAB USE ONLY BELOW THIS LINE\*\***

Sample Condition: Per NELAC/ELAP 210/241/242/243/244

Receipt Parameter	NELAC Compliance
Container Type: <small>Comments:</small> _____	Y <input type="checkbox"/> N <input type="checkbox"/>
Preservation: <small>Comments:</small> _____	Y <input type="checkbox"/> N <input type="checkbox"/>
Holding Time: <small>Comments:</small> _____	Y <input type="checkbox"/> N <input type="checkbox"/>
Temperature: <small>Comments:</small> _____	Y <input type="checkbox"/> N <input type="checkbox"/>

Sampled By _____ Relinquished By _____ Received By _____ Received @ Lab By _____	Date/Time _____ Date/Time _____ Date/Time _____ Date/Time _____	Total Cost: <input style="width: 80%;" type="text"/>  P.I.F. <input style="width: 40%;" type="text"/>
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